

AMENDMENT B AND REQUEST FOR RECONSIDERATION

5 **Mail Stop Non-Fee Amendment**
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Applicant also requests consideration of the Information Disclosure Statement filed concurrently herewith.

Remarks/Arguments begin on page 5 of this paper.



SCHIFF HARDIN LLP
PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

In re application of: Stefan Schroeder

CONFIRMATION NO.: 3383

Serial No.: ~~10/720,556~~ 09/720,554

GROUP ART UNIT: 2154

Filed: December 21, 2000

EXAMINER: Patel, Ashokkumar B.

DOCKET NO.: P00,1920

For: METHOD FOR THE TRANSMISSION OF INFORMATION IN THE SUBSCRIBER LINE AREA

AMENDMENT "B" and REQUEST FOR RECONSIDERATION

Mail Stop Non-Fee Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application:

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS		MINUS		X	() X 9.00 () X 18.00	
INDEP. CLAIMS		MINUS		X	() X 43.00 () X 86.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Director is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)
Patent Department

BY: Mark Bergner (45,877)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on May 26, 2004

Mark Bergner

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

DATE